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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767385 (8)

1. Corporation Name

SSJ MERCY HEALTH SYSTEM, INC.

Principal Place of Business

Mailing Address

% MERCY HOSPITAL-ADMINISTRATION
3659 S. MIAMI AVENUE, SUITE #4004
MIAMI FL 33133% MERCY HOSPITAL-ADMINISTRATION
3659 S. MIAMI AVENUE, SUITE #4004
MIAMI FL 33133-42313. Date Incorporated or Qualified
03/09/19833a. Date of Last Report
02/16/1996

2. Principal Place of Business

21 3663 South Miami Ave.

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 3663 South Miami Ave.

Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

52-1303757

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSASCO, EDWARD J., JR.
3663 S. MIAMI AVE.
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME MARCHMAN, RAY
STREET ADDRESS 700 BRICKELL AVENUE
CITY - ST - ZIP MIAMI FLTITLE DS ☐ DELETE
NAME NOY, JOSE M
STREET ADDRESS 3661 S MIAMI AVE #306
CITY - ST - ZIP MIAMI FLTITLE DC ☐ DELETE
NAME BRYAN, FLORENCE SIR S
STREET ADDRESS 241 ST GEORGE STREET
CITY - ST - ZIP ST AUGUSTINE FLTITLE D ☐ DELETE
NAME MARLEY, DAVID
STREET ADDRESS 6161 BLUD LAGOON DRIVE STE 300
CITY - ST - ZIP MIAMI, F.TITLE DT ☐ DELETE
NAME VALDES-FAULI, JOSE
STREET ADDRESS 709 BRICKELL AVE
CITY - ST - ZIP ST AUGUSTINE FLTITLE D ☐ DELETE
NAME GONZALEZ, EDITH SR. SSJ
STREET ADDRESS 3663 SOUTH MIAMI AVENUE
CITY - ST - ZIP MIAMI FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE DT ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP 331265.1 TITLE DS ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 799 Brickell Plaza
5.4 CITY - ST - ZIP Miami, FL 331316.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sister Bernice [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/97

Daytime Phone # 0026851

CR2E037 (9/96)